



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

EL SALVADOR

The first case of AIDS in El Salvador was identified in 1984. By July 2002, the cumulative number of reported cases was more than 10,000, but UNAIDS estimates underreporting may be as high as 60 percent.

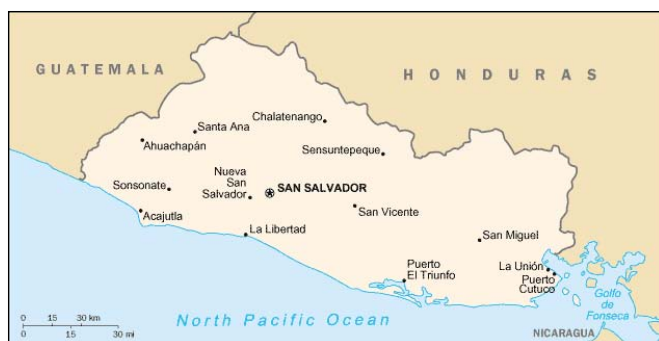
Approximately three-fifths of reported AIDS cases occur in the 20 to 39 age group, and the male-to-female ratio is approximately 3:1. About 60 percent of reported cases were found in the metropolitan area of San Salvador, followed by La Libertad, Sonsonate, and Santa Ana. Among HIV/AIDS cases, more than 70 percent are reportedly due to heterosexual contact. But the high male-to-female ratio, as well as cultural stigma, suggest homosexual and bisexual transmission have been under-reported.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	24,000
Total Population (2001)	6,400,000
Adult HIV Prevalence (end 2001)	0.6%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	4.7%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.8%

Sources: UNAIDS, U.S. Census Bureau

The epidemic is growing steadily, and more cases have been reported since January 1999 than in all the years previously. The number of people currently living with HIV/AIDS is estimated to be 30,000—an adult prevalence rate of 0.6 percent. El Salvador is considered to have a concentrated epidemic, with HIV/AIDS prevalence consistently exceeding 5 percent in one or more vulnerable populations. Sentinel surveillance data in the 1990s found low prevalence levels among groups such as pregnant women and blood donors (ranging from zero to 0.26 percent in various locations around the country); and prevalence among women and the general population was slightly higher, but generally still under 1 percent.

In various studies of vulnerable populations, however, prevalence rates are considerably higher: commercial workers (in some cases, as high as 10 percent); tuberculosis patients (3 percent); patients with sexually transmitted infections (5 percent); and surgical patients (7 percent). A 1996–1997 study of street children showed an infection rate of more than 20 percent, and new data suggest the HIV prevalence rate among men who have sex with men is 17.8 percent.



Map of El Salvador: PCL Map Collection, University of Texas

National Response

The government began its initial HIV/AIDS prevention activities as early as 1988, but the disease even today remains largely hidden and too often is associated with inevitable death, homosexuality, and punishment for immoral behavior. The first HIV/AIDS strategic plan was implemented in 1999. A second plan currently in effect promotes a unified,

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multisectoral response that includes cooperation with nongovernmental organizations, national donors, and international organizations such as UNAIDS.

El Salvador was the last country in the region to pass legislation protecting patient rights and guaranteeing access to treatment (law number 588, passed November 2001). The law originally included a provision to allow compulsory testing of employees, but that provision was removed before passage. In January 2002, the Ministry of Health began to offer antiretroviral treatment. Like other countries in the region, El Salvador makes no distinction between the insured and the uninsured in terms of access to care. With other countries, it negotiated price reductions in antiretrovirals with major pharmaceutical manufacturers, and, by late 2002, some 650 people were receiving treatment.

Currently treatment is concentrated in the capital city of San Salvador, and is provided almost exclusively at the tertiary level—one of several issues at the heart of El Salvador's ongoing health system reforms. Although there are considerable obstacles to decentralization, the goal is to decentralize services and to develop an integrated HIV/AIDS response with public, private, and nongovernmental organization participation. Other issues that need to be addressed include the need for increased programs to prevent mother-to-child transmission and better integration of HIV/AIDS prevention and treatment with other health programs, such as those for mother and child health, tuberculosis control, and sexually transmitted infections.

USAID Support

The USAID strategy in El Salvador has been to emphasize HIV prevention and the related necessary behavior changes; it allocated \$500,000 toward this goal in 2002. The strategy includes surveillance and voluntary counseling and testing activities that target vulnerable groups, such as commercial sex workers, men who have sex with men, the Policía Nacional Civil, and pregnant women. The USAID bilateral program has incorporated HIV/AIDS activities into its broader health program, which focuses primarily on the health of women, youth, and children. It has provided technical assistance in the following areas:

- Development of the national HIV/AIDS program;
- Development of the HIV/AIDS treatment protocols and sexually transmitted infection norms;
- Training for public and private sector health personnel in HIV/AIDS counseling, sexually transmitted infection management, and management of pediatric HIV/AIDS patients; and
- Establishment of an HIV/AIDS information hotline.

USAID/El Salvador identified the Policía Nacional Civil as an important focal population for reducing HIV/AIDS throughout El Salvador. The objective of the CHANGE Project (a behavior change project directed by the Academy for Educational Development/Manoff Group) is to strengthen institutional skills in behavior change to reduce and prevent the transmission of HIV/AIDS in the Policía Nacional Civil, the National Academy for Public Service, their family members and associates, and key segments within the communities they serve. CHANGE subcontracted with the Asociación Salvadoreña Pro Salud Rural and the Asociación de Mujeres Salvadoreñas to meet the goal of strengthening Salvadoran nongovernmental organizations and to create a more sustainable systematic behavior change approach to HIV prevention.

Project activities include:

- Formative research related to HIV/AIDS and behavior change in the Policía Nacional Civil and the National Academy for Public Service. The purpose of this formative research is to improve program planning and implementation and to identify the determinants of key preventive and risk behaviors, including multiple partners, the use of condoms with various types of partners, and voluntary counseling and testing. An additional objective is to identify priority vulnerable segments within the population. This study also provides a baseline to which end-of-project results can be compared.
- Training educators and counselors to conduct interactive educational sessions in the clinics that provide services to the Policía Nacional Civil and the National Academy for Public Service and the various police and the National Academy for Public Service units and subunits.
- Forming a peer network composed of individuals in the Policía Nacional Civil and the National Academy for Public Service to encourage behavior change among their colleagues, friends, and family to reduce the risk of HIV/AIDS, provide referrals to related services (such as counseling and testing), and distribute condoms.

The USAID Mission also works with the Pan American Social Marketing Organization (PASMO) to scale up behavior change activities with high-prevalence populations like men who have sex with men and commercial sex workers.

Regarding prevention of mother-to-child transmission of HIV, and a Presidential Initiative, the Mission supported a baseline study of the knowledge, attitudes, and practices related to voluntary counseling and HIV testing among pregnant women, their partners and relatives. Results of the study were presented at El Salvador's first national forum on mother-to-child transmission. The study results will also be used to develop messages for a mass media campaign promoting voluntary counseling and testing among pregnant women. Development of a voluntary counseling and testing protocol and health worker training is also planned for the next year.

USAID is also supporting the Global Fund to Fight AIDS, Tuberculosis, and Malaria (another Presidential Initiative). The country's \$27 million proposal was recently approved and will be implemented in El Salvador during the next five years.

The bulk of USAID's effort in El Salvador, however, is not in its country HIV/AIDS program but in its regional program, the USAID Guatemala–Central American Regional Program (G-CAP), which provides combined support to seven Central American countries.

The G-CAP was established in the mid-1990s and has two components: (1) Proyecto Accion SIDA en Centro America, designed to promote policy and public awareness of HIV/AIDS and to strengthen nongovernmental organization activities, and (2) PASMO, designed to promote social marketing of condoms to decrease risky sexual behaviors, especially among people in high-risk contexts. After an extended review in 2002, G-CAP's goal was expanded to "containing and controlling" the HIV/AIDS problem in Central America. Under USAID's expanded response strategy, G-CAP will be strengthened to provide technical assistance to develop programs to focus on subepidemics among the most vulnerable populations and to implement cross-border activities and other programs to deal with migrant populations. Future programming will include surveillance and data for decision-making, as well as care and support for people living with HIV/AIDS.

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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